MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038784

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5226 STATE FILE NUMBER

FILED OCT 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in lb: 14 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DEAD ON ARRIVAL K.C.GENERAL HOSPITAL
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 5155 SWOPE PARKWAY
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First BERTHA Middle ANN Last KEISNER

4. DATE OF DEATH: Month OCTOBER Day 12 Year 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/27/10

9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITRESS

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): EXCELSIOR SPRINGS/ MISSOURI

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: AARON GARRETT

13b. MOTHER'S MAIDEN NAME: LUTIE MAE WEST

14. NAME OF HUSBAND OR WIFE: RAY KEISNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

17. INFORMANT: SAMUEL KINCAID Address: 5155 SWOPE PKY. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ca of ovary

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 4:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C Kealhofer M.D. Deputy Coroner

22b. ADDRESS: 662 Rialto Dr. K.C. Mo

22c. DATE SIGNED: 10-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY: WHITE CHAPEL MEM. GARD.

23d. LOCATION (City, town, or county) (State): CLAY COUNTY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W.NEWCOMER'S SONS 1331 BRUSH CR. KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 10-15-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Roscoe W. Thorson

Licensed Embalmer No. 4889

P. O. Address Lubec, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.